FORM 116A

The Commonwealth of Massachusetts Department of Industrial Accidents – Department 116A

Departr 1 Cor Info. Line 800

1 Congress Street, Suite 100, Boston, Massachusetts 02114-2017 Info. Line 800-323-3249 ext. 7470 in Mass. Outside Mass. - 617-727-4900 ext. 7470 http://www.mass.gov/dia

DIA Board # (If Known):

CONSENT OF EMPLOYER
TO LUMP SUM SETTLEMENT

Ι,	, sole proprietor/partner/corporate officer	
of		
	(business name)	
located at		
	(address)	
(city)		e)
and experience-modified	insured of	
	insured of(workers' comp. insurant of a lump sum settlement in the	
\$	in workers' con	mpensation in the
	. The terms of such settlement are	
more fully set forth in the	e attached lump sum agreement.	
Signed this	day of	, 20,
• •	s of Section 48 of Chapter 152 of	
of Massachusetts as most	t recently amended by Section 74 of	of Chapter 398 of
the Acts of 1991.		
	(signature)	